

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 07, 2001 8:00 am
Secretary of State

0086423

DOCUMENT # S44570

1. Entity Name

HAPPY ACRES CHILD CARE, INC.

06-07-2001 90005 048 ***150.00

Principal Place of Business

**3604 MEADOWBROOK AVE
 ORLANDO FL 32808
 US**

Mailing Address

**3604 MEADOWBROOK AVE
 ORLANDO FL 32808
 US**

772453

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-3099362**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

**GRANT, JOAN A
 328 PLUMWOOD CIRCLE
 KISSIMMEE FL 34743**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOT)

Registered Agent's signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
 Tax filing requirement and elects to do so.
 (See criteria on back) ☐

FILE NOW! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
 Trust Fund Contribution. ☐

\$5.00 May Be
 Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	GRANT, JOAN A	
STREET ADDRESS	328 PLUMWOOD CIRCLE	
CITY-ST-ZIP	KISSIMMEE FL 34743	
TITLE	S	<input type="checkbox"/> Delete
NAME	MEDINA, MORAIMA	
STREET ADDRESS	2406 BRAEMAR DR.	
CITY-ST-ZIP	KISSIMMEE FL 34743	
TITLE	T	<input type="checkbox"/> Delete
NAME	AMBERSLEY, MILLICENT	
STREET ADDRESS	200 COMPETITION DRIVE	
CITY-ST-ZIP	KISSIMMEE FL 34743	
TITLE	M	<input type="checkbox"/> Delete
NAME	HAYNES, LEILA	
STREET ADDRESS	328 PLUMWOOD CIRCLE	
CITY-ST-ZIP	KISSIMMEE FL 34743	
TITLE	M	<input type="checkbox"/> Delete
NAME	THOMAS, MONICA	
STREET ADDRESS	4859 NORWALK PLACE	
CITY-ST-ZIP	ORLANDO FL 32808	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. I hereby certify that the information supplied with this filing does not qualify for an exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report or changed, or on an attachment with an address, with all other like empowered.

signature shall have the same legal effect as if made under oath; that I am an officer or director required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OF DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)



Atch, mts
HAPPY ACRES CHILD CARE, INC.

3604 Meadowbrook Avenue

Orlando, FL 32808

Director: Joan A. Grant, M.P.A.

544576

6-5-01 772453

To Whom it May Concern .

*This Uniform Business Report was found
in the file Cabinet with the notice
of the report. This was an error on
the part of one of the Teachers .*

*I apologise for this error, and I await
a response from you .*

Faithfully

Joan Grant, Director .